

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

Joan Mikula
Commissioner

Massachusetts Child Psychiatry Access Project (MCPAP) Service Report FY18 and FY19

March 2019



MCPAP Service Report-FY18 and FY19

This brief report from the Department of Mental Health responds to the request by the Massachusetts House and Senate Ways and Means Committees for the following information:

- 1) An overview of MCPAP care coordination efforts
- 2) Number of psychiatric consultations, face-to-face consultations, and referrals made to specialists on behalf of children with behavioral health needs in fiscal year 2018 and fiscal year 2019
- 3) Recommendations to increase the number of specialists receiving referrals through MCPAP and improve care coordination efforts to identify specialists available and accepting new child and adolescent patients.

1. Overview of MCPAP “Care Coordination” Efforts

The Massachusetts Child Psychiatry Access Program provides “resource and referral services” to its enrolled practices when requested. These services include identifying appropriate behavioral health treatment resources for the child/family and providing the practice and/or family the contact information to connect and engage with treatment providers.

Of note, as described in the previous Fiscal Year report from March 2018, MCPAP redesigned its resource and referral services when they reprocured their MCPAP regional teams in January 2017. As part of this redesign, MCPAP redefined and renamed its care coordination services to be “resource and referral services.” There were several reasons for this change. First, the care coordination activities that MCPAP provided before the redesign were not true care coordination, but rather one component of a care coordination process-resource and referral support. The change in name and scope of these services more accurately reflect the type of referral services that MCPAP teams provide to practices and families. Secondly, pediatric primary care practices are taking increased responsibility for care coordination as health care delivery shifts to medical home and accountable care models. As such, MCPAP’s primary focus is to provide resource and referral information to practices and providers who then work with their patients to access the services. In certain situations, MCPAP provides information to families directly, but does not take the lead role in coordinating behavioral health care for patients.

MCPAP provides two types of resource and referral services:

- **Resources to Provider:** Resource and Referral Specialists respond to requests made by a primary care provider (PCP) on behalf of their patient for behavioral health resources. The R&R Specialist sends the PCP a list of behavioral health resources in the patient’s local area within 3 business days of the request. The list is tailored based on the patient’s insurance coverage and other preferences and is vetted for the provider’s availability.
- **Resources to Family:** On a more limited basis, R&R Specialists work directly with families to identify appropriate resources as recommended through a phone consultation or face to face assessment with a MCPAP psychiatrist or behavioral health clinician. This primarily takes place for practices without their own resource and referral capacity, for youth with complex needs, or for youth who have experienced previous unsuccessful referrals.

2. MCPAP Service Data-FY18 and FY19

The following two tables present quarterly data on the total number of MCPAP encounters, number of phone consultations with MCPAP psychiatrists or behavioral health clinicians, number of face-to-face assessments/consultations with a MCPAP psychiatrist or a MCPAP behavioral health clinician, and number of resource and referral services provided in FY18 and in the first half of FY19.

Executive Summary FY2018 MCPAP Encounters by Category				
	All Encounters	Phone	Face to Face	Resource & Referral
Jul-17	554	308	96	150
Aug-17	605	334	144	126
Sep-17	685	410	121	142
Q1 FY2018	1844	1052	361	418
Oct-17	727	455	123	144
Nov-17	802	446	132	211
Dec-17	815	487	133	182
Q2 FY2018	2344	1388	388	537
Jan-18	843	451	179	206
Feb-18	802	424	174	199
Mar-18	841	471	142	220
Q3 FY2018	2486	1346	495	625
Apr-18	808	415	186	199
May-18	919	488	215	211
Jun-18	740	367	196	171
Q4 FY 2018	2467	1270	597	581
YTD FY 2018	9141	5056	1841	2161

Executive Summary FY2019 (1 st Two Quarters) MCPAP Encounters by Category				
	All Encounters	Phone	Face to Face	Resource & Referral
Jul-18	617	298	151	164
Aug-18	567	314	107	146
Sep-18	574	334	105	134
Q1 FY2019	1758	946	363	444
Oct-18	816	473	158	178
Nov-18	697	408	118	161
Dec-18	722	418	142	160
Q2 FY2019	2235	1299	418	499
YTD FY 2019	3993	2245	781	943

3. Recommendations to increase the number of specialists receiving referrals through MCPAP and improve care coordination efforts to identify specialists available and accepting new child and adolescent patients.

As described above, the MCPAP program has redesigned its referral sources to support PCPs to become knowledgeable about specialist resources in their own communities, rather than taking over the task of making referrals on behalf of these PCPs. As a result, referrals to specialists aren't generally made "through MCPAP", but through a child's PCP, supported by MCPAP.

The real question here seems to be, how do we increase the supply of mental health specialists to serve children? This is a pressing problem that has been studied by a variety of organizations, nationally and in our own state. Most notably in

Massachusetts, the Blue Cross/Blue Shield Foundation has issued reports on the mental health workforce. Factors contributing to the shortage of specialists include the large proportion, by some estimates 50% of specialists, who do not take MassHealth or commercial insurance. There is enough demand in the self-pay market to allow these specialists to remain outside insurance networks.

Another factor is a reduction in the number of people entering training programs in Psychiatry, Psychology, Social Work, Mental Health Counseling and Marriage and Family Therapy. Expensive training is required to enter these professions, which tend to pay less than other fields. While the salaries for Child Psychiatry can be quite high, the training includes medical school, psychiatric residency and then a second residency in child psychiatry. Debt can reach into the hundreds of thousands of dollars. Additionally, insurance reimbursement rates for psychiatrists tend to be lower, and in some cases significantly lower, than for other medical specialties.

The Massachusetts Division of Insurance has been increasing its review of the networks of mental health specialists listed by the commercial health insurance plans it regulates. Using “secret shoppers” they are identifying what are called “ghost networks”, i.e. lists of mental health specialists who, when called turn out to no longer be in practice or unable to take new clients. Using this information, they are able to require health plans to improve the networks to meet regulatory standards for access.

Finally, given that the health systems transformation underway in the Commonwealth requires integrating behavioral health into primary care, a key part of which is care coordination, pediatric primary care practices need investments to improve their care coordination practices. MCPAP can help train pediatric practices in best practices for care coordination and support their efforts with resource and referral information, but it is not MCPAP’s role to conduct these care coordination activities for their patients.